

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						61		
2						62		
3						63		
4						64		
5						65		
6						66		
7						67		
8						68		
9						69		
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33						93		
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35						95		
36						96		
37						97		
38						98		
39						99		
40						100		
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.						TOTAL IND.		
TOTAL DEP.						TOTAL DEP.		
TOTAL CLAIMS						TOTAL CLAIMS		